

Range 29 East | Range 30 East

- |  |   |
|--|---|
|  COG Operating                      |  Southern Bay Energy LLC  |
|  Marbob Energy Corp                 |  Southwest Royalties Inc. |
|  Tandem Energy Corp                 |  Lobos Energy Partners    |
|  Pioneer Natrual Resources USA Inc. |  ConocPhillips Company    |
|  CBS Operating Corpoartion          |  Anadarko Prod Corp       |
|  Burnett Oil Co. Inc                |  EOG Resources Inc        |

Case No. 14558  
 Marbob/Concho Exh 7  
 Hunt Oil Co

# Affidavit of Publication

NO. 21379

STATE OF NEW MEXICO

County of Eddy:

Walter L. Green

*Walter L. Green*

being duly sworn, says that he is the Publisher

of the Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and state, and that the hereto attached

### Legal Notice

was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for

1 Consecutive weeks/days on the same

day as follows:

First Publication September 23, 2010

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_

Fifth Publication \_\_\_\_\_

Subscribed and sworn to before me this

23rd day of September 2010



**OFFICIAL SEAL**  
Danny Scott  
NOTARY PUBLIC STATE OF NEW MEXICO

My commission expires: 3/18/2014

*Danny Scott*

Danny Scott  
Notary Public, Eddy County, New Mexico

# Copy of Publication:

## LEGAL NOTICE

STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT  
OIL CONSERVATION DIVISION  
SANTA FE, NEW MEXICO

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 14, 2010 in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico, before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact Florene Davidson at 505-476-3458 or through the New Mexico Relay Network 1-800-659-1779 by October 4, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

All named parties and persons  
having any right, title, interest  
or claim in the following cases  
and notice to the public.

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

### CASE 14558:

Application of Marbob Energy Corporation for vertical expansion of the Burch Keely Unit, Eddy County, New Mexico. Applicant in the above-styled cause seeks an order amending Order No. R-7900-A to extend the vertical limits in the Burch Keely Unit to expand the Utilized Formation to 5000 feet. The Unit Area consists of lands in Sections 12, 13, 23 through 26 in Township 17 South, Range 29 East and Sections 18, 19 and 30 in Township 17 South, Range 30 East, NMPM, Eddy County, New Mexico. Said area is located approximately 2 miles west of Loco Hills, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 21st day September 2010.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
Mark E. Fesmire, P.E., Director

Published in the Artesia Daily Press, Artesia, N.M., September 23, 2010. Legal No. 21379.

**EXHIBIT A**

**APPLICATION OF  
MARBOB RESOURCES, INC.  
TO EXPAND THE VERTICAL LIMITS OF THE BURCH KEELY UNIT  
EDDY COUNTY, NEW MEXICO.**

**Unit Interest Owners:**

Pansam Trust Raymon Newton  
Childress  
PO Box 66  
Joplin, MO 64802

Robert F. Dexter Trust UDT Date  
8/27/92, Louise H. Dexter  
20940 Pacific Coast Hwy  
Malibu, CA 90265

William D. Inglehart  
701 E. Pennsylvania  
Escondido, CA 92025-3004

Sharon A. Hansen  
5822 Jones Ave  
Westminster, CA 92683

Donna K. Walls  
616 El Cajon Blvd Ste B  
PMB 253  
San Diego, CA 92115

Beth J. Inglehart  
5385 Hubbell Ct  
Ventura, CA 93003

Hugh Ross Burch Trustee  
Hugh R. Burch Rev Living Trust  
4601 Memory Lane  
Oklahoma City, OK 73112

Russell Resources Ltd.  
Michael Russell Lilly VP  
PO Box 373  
Longview, TX 75606

Barbara Kruse Frankenfield  
73333 Wooded Acres Trail  
Mansfield, TX 76063

Marbob Energy Corp  
PO Box 227  
Artesia, NM 88211-0227

Jack W. McCaw  
PO Box 127  
Artesia, NM 88211-0127

Leo Vernon Mock Family Trust  
Debbie Bowers &  
286 StageCoach Rd.  
Arroyo Grande, CA 94320

Chester J. Acree and Jean C.  
Acree – Trustees of the Acree Family  
Trust Dated 9-30-88  
2604 Via Segunda  
Palos Verdes Estates, CA 90274

Higgins Trust Inc.  
PO Box 6905  
Thomasville, GA 31758-6905

Carol Jean Dexter Purcell  
5535 Ravia St.  
Lakewood, CA 90713

Maryanne Kanani Lynn Blakely  
1025 Bordner St.  
Montpelier, OH 43543

Sandra Leigh Terry  
PO Box 12617  
El Paso, TX 79912

Susan Lynn Terry  
7200 Montgomery NE #367  
Albuquerque, NM 87109

Dolores J. Thomas  
1045 La Reina  
Lake San Marcos, CA 92078

Margaret Louise Treat  
PO Box 20031  
Billings, MT 59104

Kurt A. Weber  
7631 Willis Ave  
Van Nuys, CA 91405

Virginia Weber  
7631 Willis Ave  
Van Nuys, CA 91405

William C. White  
15 Desert Flower Rd.  
Artesia, NM 88210

EHW LLC  
101 South Fourth St.  
Artesia, NM 88210

Mary Kenney Gore  
1729 Sabatini Drive  
Henderson, NV 89052-4102

Willa Kathryn Kennedy Estate  
Tanya Marie Mangum – Pers Rep  
PO Box 1121  
Edgewood, NM 87015

Jimmy R. McCutcheon  
1503 Parker Drive  
Odessa, TX 79761-1550

Lynn Barker  
10915 Huston St #112

North Hollywood, CA 91601

Ocotillo Production LLC  
1705 W Washington Ave  
Artesia, NM 88210

Marshall & Winston Inc  
PO Box 50880  
Midland, TX 79710-0880

Pitch Energy Corporation  
P.O. Box 304  
Artesia, NM 88210

Costaplenty Energy Corp.  
PO Box 1182  
Artesia, NM 88211-1182

Sabine Royalty Trust Bank of  
America NA  
Escrow Agent-Sabine Royalty Tr.  
Dallas, TX 75284-0887

Hugh Burch  
3315 NW 63<sup>rd</sup>  
Oklahoma City, OK 73116

Trust UW Francisca S Winston  
c/o Meristem  
Attn: L. Karls  
601 Carlson PKWY Ste 800  
Minnetonka, NM 55305

CQWE LLC Bob Acree Manager  
PO Box 241826  
Anchorage, AK 99524

Downer Family Trust 1991  
Selma Downer-TTEE  
21948 Marjoram Ct  
Santa Clarita, CA 91350

Long Minerals Trust U/T/A 6/4/08  
4189 Bellaire Blvd Ste 202  
Houston, TX 77025-1045

Donna Finch Adams  
PO Box 1025  
Dennison, TX 75021

Gary Laird Finch Jr.  
PO Box 12  
Stowell, TX 77661

Juliette Rathbone Finch Family  
Trust Johnny Walker Finch Trustee  
PO Box 2395  
Kerrville, TX 78029-2395

Dexter Family Trust DTD  
3/31/2009 Robert & Hadiya  
Dexter Trustees  
9262 Irongate Lane  
San Diego, CA 92126

Minerals Management Service  
PO Box 5810 TA  
Denver, CO 80217-5810

Selma E Andrews Trust F/B/O  
Peggy Barrett  
Bank of America NA TTEE  
PO Box 840738  
Dallas, TX 75284-0738

Selma E Andrews Perpetual  
Charitable Trust  
Bank of America NA TTEE  
PO Box 840738  
Dallas, TX 75284-0738

D V LoFlin Jr.  
PO Box 4987  
Monroe, LA 71211

John Neal Loffline  
162 Cottonwood  
Uvalde, TX 78801

James Rankin  
230 Taglewood LN  
Levelland, TX 79336-6612

Mary K Rankin Elliott  
104 Wood circle  
Levelland, TX 79336

Robert R Purcell Family Trust  
Darby C Ritter Trustee  
2012 East 26<sup>th</sup> Street  
Lawrence, KS 66046

Rosemary Leforce  
715 Spring Lane  
Bristow, OK 74010

Frank W Addis  
97304 E Alhambra Rd  
Kennewick, WA 99337-8800

Connie Alexander  
8716 Warner Rd  
Kernersville, NC 27284

Roy C Andrews  
C/O J P Andrews  
3113 79<sup>th</sup> St.  
Lubbock, TX 79423-1823

Peggy Fallon Ashenbrenner  
401 E 8<sup>th</sup> St Ste 214-348  
Souix Falls, SD 57103

Betty Jean Banks  
8688 East Easter Place  
Centennial, CO 80112-1856

Braille Institute of America,  
Agency Bank of America N A  
Agent and AIF  
PO Box 840738  
Dallas, TX 75284-0738

Maxine Cole  
1202 N Washington  
Wellington, KS 67152

Robin W Crouse Jr.  
11619 NE 146<sup>th</sup> ST  
Liberty, MO 64068

Marion Wier Deford  
6509 Mesa Drive  
Austin, TX 78731-2703

Virginia J Delhagen  
PO Box 21356  
Mesa, AZ 85277-1356

Mr. Edward Dreesen Jr.  
PO Box 830  
Palo Cedro, CA 96073

Ingrid Dreesen Powell, TTEE  
for the Betty Kyte Dreesen  
Irrevocable Trust of 12-23-58  
PO Box 1665  
Los Altos, CA 94022

William Eaton, 87457-132  
20450 N. E. 150<sup>th</sup>  
Luther, OK 73054

Doris M. Griffin  
1343 W. Hedding St.  
San Jose, CA 95126-1615

James R. Griffin  
2713 Larkspur  
Antioch, CA 509

Sara S. Jones  
1042 Carlisle Drive  
Allen, TX 75002

Mrs. Walter Leforce  
116 Main  
Udall, KS 97146

James R. Leforce  
225 Southeast 28<sup>th</sup>  
Oklahoma City, OK 73129

Judith J Mack  
32522 Crete Road  
Monarch Beach, CA 92629-3619

Richard Lee Mourning  
2504 Sennett  
Wichita, KS 67212

Robert Alan Mourning  
1508 N Stoney Point St  
Wichita, KS 67212

Roger William Mourning  
9429 Hardtner  
Wichita, KS 67212

Ronald Eugene Mourning  
711 Crestline  
Wichita, KS 67212

Christopher Leslie Mourning  
1621 W Shady Grove Rd  
Irving, TX 75060-3771

Sidney Francis Mourning  
PO Box 300882  
Austin, TX 78703

Timothy Mourning  
PO Box 300071  
Austin, TX 78703-0002

Virginia Mourning  
UnKnown

Betty Jane Pettigrew  
501 Morningside Dr  
Wellington, KS 67152

Cecil Bond Kyte  
PO Box 30864  
Santa Barbara, CA 93105

Ms Ingrid Powell  
PO Box 416  
Los Altos, CA 94022

Mack Purcell  
UNKNOWN

Gary R. Purcell  
5213 Jonathan Way -SW  
Knoxville, TN 37920

Thomas G. Purcell  
5516 New Hampshire Blvd  
Louisville, KY 40219

Frank H Purcell Trust  
PO Box 27286  
Tempe, AZ 85285-7286

Helen Reed  
16762 Gazeley, Apt 5127  
Saugus, CA 91350

Alva P. Sanders  
20450 NE 150 St  
Luther, OK 73054

Dee Schooling  
1417 E. Sims  
Edmond, OK 73103

Ann H. Stromberg  
274 San Luis Place  
Claremont, CA 91711

Hazel Turner  
521 S. Washington  
Wichita, KS 67214

Mary C. Underwood  
7006 Camino Blanco  
Las Cruces, NM 88007

Donald R. Wilson  
4955 County Rd 429  
Van Alstyne, TX 75495

Sarah Woolum  
13242 Montano Rd  
Gravois Mills, MO 65037

Betty Lou Mitchell  
6740 Mayview Ct  
Oklahoma City, OK 73159-6527

Trust UW Francisca S  
Winston C/O Meristem  
Attn: L. Karls  
601 Carlson PKWY Ste 800  
Minnetonka, MN 55305

Welter 1981 Trust Wells Fargo  
Ban NA Succ-TTEE  
PO Box 5383  
Denver, CO 80217

Norma C Rose  
50 Royal Place Circle  
Odessa, TX 79762

Gary Laird Finch Jr.  
PO Box 12  
Stowell, TX 77661

Eileen Heard Trustee Robert J  
Heard & Eileen Heard TR  
10317 Del Rey Drive  
Yuma, AZ 85367

Vallory Sue Freeman  
1634 Steeple Chase Place  
Vista, CA 92083

Dorothy Rountree Smith  
PO Box 6697  
Pine Bluff, AR 71611

Connor Family LLC  
PO Box 1080  
Artesia, NM 88211-1080

**Offsets:**

COG Operating LLC  
550 W. Texas  
Midland, Texas 79701

Tandem Energy Corp  
PO Box 1559  
Midland, Texas 79702

Pioneer Natural Resources USA Inc.  
PO Box 3178  
Midland, Texas 79702

CBS Operating Corporation  
PO Box 2236  
Midland, Texas 79702

Burnett Oil Co. Inc.  
801 Cherry St. Unit 9  
Fort Worth, Texas 76102

Southern Bay Energy LLC  
110 Cypress Station Dr. #220  
Houston, Texas 77090

Southwest Royalties, Inc.  
PO Box 11390  
Midland, Texas 79702

Lobos Energy Partners  
3817 NW Expressway Suite 950  
Oklahoma City, OK 73112

ConocoPhillips Co.  
PO Box 50688  
Midland, Texas 79710

Anadarko Production Corp.  
PO Box 2497  
Midland, Texas 79702

EOG Resources, Inc.  
PO Box 2267  
Midland, Texas 79702

Hunt Oil Co.  
PO Box 1317  
Denver, CO 80201

**Surface Owners:**

Bureau of Land Management  
620 E. Greene St.  
Carlsbad, NM 88220

John. R. Gray, LLC  
PO Box 1182  
Artesia, NM 88211-1182



Fax: 505.983.6043



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Date	Pub	Type	Description	Price	Discount	Applied	Due
9/23/10	ADP	Ad	PO: Legal No. 21379 Legal Notice	\$75.60			\$81.03
				\$75.60			\$81.03

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Holland & Hart LLP

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Issue Date: 9/23/10

Prebill Date: September 23, 2010

Ad # 31632

Account # 3041

# Affidavit of Publication

NO. 21379

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County of Eddy:

Walter L. Green

*Walter L. Green*

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First Publication	<u>September 23, 2010</u>
Second Publication	<u></u>
Third Publication	<u></u>
Fourth Publication	<u></u>
Fifth Publication	<u></u>

Subscribed and sworn to before me this 23rd day of September 2010



**OFFICIAL SEAL**  
**Danny Scott**  
**NOTARY PUBLIC-STATE OF NEW MEXICO**

My commission expires: 3/18/2014

*Danny Scott*

Danny Scott  
Notary Public, Eddy County, New Mexico

# Copy of Publication:

## LEGAL NOTICE

**STATE OF NEW MEXICO**  
**ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT**  
**OIL CONSERVATION DIVISION**  
**SANTA FE, NEW MEXICO**

The State of New Mexico through its Oil Conservation Division hereby gives notice pursuant to law and the Rules and Regulations of the Division of the following public hearing to be held at 8:15 A.M. on October 14, 2010, in the Oil Conservation Division Hearing Room at 1220 South St. Francis, Santa Fe, New Mexico; before an examiner duly appointed for the hearing. If you are an individual with a disability who is in need of a reader, amplifier, qualified sign language interpreter, or any other form of auxiliary aid or service to attend or participate in the hearing, please contact: Florene Davidson at 505-476-3458 or through the New Mexico Relay Network, 1-800-659-1779 by October 4, 2010. Public documents including the agenda and minutes, can be provided in various accessible forms. Please contact Florene Davidson if a summary or other type of accessible form is needed.

### STATE OF NEW MEXICO TO:

**All named parties and persons**  
**having any right, title, interest**  
**or claim in the following cases**  
**and notice to the public.**

(NOTE: All land descriptions herein refer to the New Mexico Principal Meridian whether or not so stated.)

### CASE 14558:

**Application of Marbob Energy Corporation for vertical expansion of the Burch Keely Unit, Eddy County, New Mexico.** Applicant in the above-styled cause seeks an order amending Order No. R-7900-A to extend the vertical limits in the Burch Keely Unit to expand the Unitized Formation to 5000 feet. The Unit Area consists of lands in Sections 12, 13, 23 through 26 in Twonship 17 South, Range 29 East and Sections 18, 19 and 30 in Township 17 South, Range 30 East, NMPM, Eddy County, New Mexico. Said area is located approximately 2 miles west of Loco Hills, New Mexico.

Given under the Seal of the State of New Mexico Oil Conservation Division at Santa Fe, New Mexico on this 21st day September 2010.

**STATE OF NEW MEXICO**  
**OIL CONSERVATION DIVISION**  
**Mark E. Fesmire, P.E., Director**

Published in the Artesia Daily Press, Artesia, N.M., September 23, 2010. Legal No. 21379.

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<b>Total Postage &amp; Fees</b>	<b>\$ 3.71</b>

Pansam Trust Raymon Newton  
 Childress  
 PO Box 66  
 Joplin, MO 64802

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
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Pansam Trust Raymon Newton  
 Childress  
 PO Box 66  
 Joplin, MO 64802

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A. Signature  Agent  Addressee  
*S.K. Tucker*

B. Received by (Printed Name) *S.K. TUCKER* C. Date of Delivery *9/23/10*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

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Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.51</b>

Robert F. Dexter Trust UDT Date  
 8/27/92, Louise H. Dexter  
 20940 Pacific Coast Hwy  
 Malibu, CA 90265

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert F. Dexter Trust UDT Date  
 8/27/92, Louise H. Dexter  
 20940 Pacific Coast Hwy  
 Malibu, CA 90265

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Glenn Dexter*

B. Received by (Printed Name) *Glenn Dexter* C. Date of Delivery *COSTA MESA CA 9/27/10*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

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Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 3.71</b>

William D. Inglehart  
 701 E. Pennsylvania  
 Escondido, CA 92025-3004

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1266**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

William D. Inglehart  
 701 E. Pennsylvania  
 Escondido, CA 92025-3004

A. Signature  Agent  Addressee  
*W. Inglehart*

B. Received by (Printed Name) *W. Inglehart* C. Date of Delivery *9/22/10*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1259**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Sharon A. Hansen  
 5822 Jones Ave  
 Westminster, CA 92683

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For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna K. Walls  
 616 El Cajon Blvd Ste B  
 PMB 253  
 San Diego, CA 92115

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *Derek Schmidt* C. Date of Delivery *9/22/10*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Beth J. Inglehart  
 5385 Hubbell Ct  
 Ventura, CA 93003

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery *9-23*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1228

7006 0100 0005 0626 1211

U.S. Postal Service™  
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(Domestic Mail Only; No Insurance)  
For delivery information visit our website  
**OFFICIAL**

Postage \$ 1.41  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 71

Hugh Koss Burch Trust  
Hugh R. Burch Rev Liv  
4601 Memory Lane  
Oklahoma City, OK 73

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Hugh Koss Burch Trustee  
Hugh R. Burch Rev Living Trust

4601 Memory Lane  
Oklahoma City, OK 73112

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1211

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Hugh R Burch  Agent  Addressee

B. Received by (Printed Name) Hugh R Burch C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1204

U.S. Postal Service™  
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**OFFICIAL**

Postage \$ 1.41  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 71

Russell Resources  
Michael Russell Lilly  
PO Box 373  
Longview, TX 75606

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Russell Resources Ltd.  
Michael Russell Lilly VP  
PO Box 373  
Longview, TX 75606

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1204

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Russell Resources  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1198

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**OFFICIAL**

Postage \$ 1.41  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 71

Barbara Kruse Franke  
73333 Wooded Acres  
Mansfield, TX 76063

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Barbara Kruse Frankenfield  
73333 Wooded Acres Trail  
Mansfield, TX 76063

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1198

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature Barbara Kruse Frankenfield  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1198

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1181

U.S. Postal Service™  
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For delivery information visit our website

OFFICIAL

Postage \$ .61  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.71

Marbob Energy Corp PO Box 227  
Artesia, NM 88211-0227

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
Kanda Pelin  Agent  Addressee

B. Received by (Printed Name) Kanda Pelin  
C. Date of Delivery SEP 22 2010

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label)

7006 0100 0005 0626 1181

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICIAL

Postage \$ .61  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required) 5.71

Jack W. McCaw PO Box 127  
Artesia, NM 88211-0127

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

A. Signature  
Andrea Watts  Agent  Addressee

B. Received by (Printed Name) ANDREA WATTS  
C. Date of Delivery SEP 22 2010

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
A Bowers  Agent  Addressee

B. Received by (Printed Name) A BOWERS  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Leo Vernon Mock Family Trust  
Debbie Bowers &  
286 StageCoach Rd.  
Arroyo Grande, CA 94320

2. Article Number (Transfer from service label)

7006 0100 0005 0626 1167

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 1174

7006 0100 0005 0626 1167

05JT 9290 0000 0100 9000

U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Chester J. Acree and Jean C. Acree - Trustees of the Acree Family Trust Dated 9-30-88  
2604 Via Segunda  
Palos Verdes Estates, CA 9027-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Chester J. Acree and Jean C. Acree - Trustees of the Acree Family Trust Dated 9-30-88  
2604 Via Segunda  
Palos Verdes Estates, CA 90274

2. Article Number  
(Transfer from service label)

7006 0100 0005 0121 1150

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 9-24-10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

4HTT 9290 0000 0100 9000

U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Higgins Trust Inc.  
PO Box 6905  
Thomasville, GA 31758

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Higgins Trust Inc.  
PO Box 6905  
Thomasville, GA 31758-6905

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 1143

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 9/27/10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

9ETT 9290 0000 0100 7000

U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Carol Jean Dexter Purcell  
5535 Ravia St.  
Lakewood, CA 90713

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



*Returned*

See back for instructions



7006 0100 0005 0626 1303

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ 1.61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

5.71

Dolores J. Thomas  
1045 La Reina  
Lake San Marcos, CA 9

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dolores J. Thomas  
1045 La Reina  
Lake San Marcos, CA 92078

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1303

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Dolores J. Thomas*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1310

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ 61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

5.71

Margaret Louise Treat  
PO Box 20031  
Billings, MT 59104

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Margaret Louise Treat  
PO Box 20031  
Billings, MT 59104

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1310

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Margaret Louise Treat*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1327

U.S. Postal Service™  
**CERTIFIED MAIL™ R**  
(Domestic Mail Only, No Insurance)

For delivery information visit our web

OFFICIAL

Postage \$ 61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.71

Kurt A. Weber  
7631 Willis Ave  
Van Nuys, CA 91405

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kurt A. Weber  
7631 Willis Ave  
Van Nuys, CA 91405

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1327

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X *Kurt A. Weber*

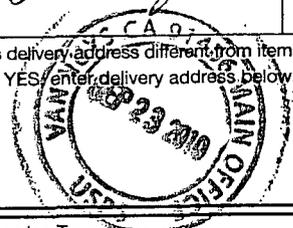
B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 1334

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.71

Postmark Here

Virginia Weber  
7631 Willis Ave  
Van Nuys, CA 91405

PS Form 3800, June 2002

7006 0100 0005 0626 1341

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William C. White  
15 Desert Flower Rd.  
Artesia, NM 88210

To  
William C. White  
15 Desert Flower Rd  
Artesia, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x W.C. White  Agent  
 Addressee

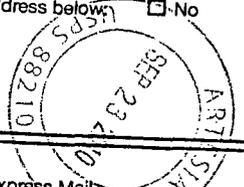
B. Received by (Printed Name)  
W.C. White  Agent  
 Addressee

C. Date of Delivery  
SEP 23 2006

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 1358

U.S. Postal Service™  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.71
Total Postage & Fees	\$ 5.71

2. Article Number  
(Transfer from service label) 7006 0100 0005 0626 1341

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

EHW LLC  
101 South Fourth St.  
Artesia, NM 88210

To  
EHW LLC  
101 South Fourth St.  
Artesia, NM 88210

B. Received by (Printed Name)  
Sueshelle Mathews  Agent  
 Addressee

C. Date of Delivery  
SEP 23 2006

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label) 7006 0100 0005 0626 1358

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

9161 9290 5000 0001 7006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

SENDER

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

For delivery information visit our website at [www.usps.com](http://www.usps.com)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Mary Kenney Gore*  Agent  Addressee

B. Received by (Printed Name) *Mary Gore* C. Date of Delivery *SEP 23 2004*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Postage	\$ <i>.61</i>
Certified Fee	<i>2.80</i>
Return Receipt Fee (Endorsement Required)	<i>2.30</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.71</i>

Mary Kenney Gore  
1729 Sabatini Drive  
Henderson, NV 89052-4102

1. Article Addressed to:

Mary Kenney Gore  
1729 Sabatini Drive  
Henderson, NV 89052-4102

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7006 0100 0005 0626 1365

PS Form 3811, February 2004

www.usps.com

9161 9290 5000 0001 7006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

SENDER

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

COMPLETE THIS SECTION ON DELIVERY

For delivery information visit our website at [www.usps.com](http://www.usps.com)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Tanya Mangum*  Agent  Addressee

B. Received by (Printed Name) *Tanya Mangum* C. Date of Delivery *SEP 23 2004*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Postage	\$ <i>.61</i>
Certified Fee	<i>2.80</i>
Return Receipt Fee (Endorsement Required)	<i>2.30</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.71</i>

Willa Kathryn Kennedy  
Tanya Marie Mangum -  
PO Box 1121  
Edgewood, NM 87015

1. Article Addressed to:

Willa Kathryn Kennedy Estate  
Tanya Marie Mangum - Pers  
Rep  
PO Box 1121  
Edgewood, NM 87015

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7006 0100 0005 0626 1372

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature *Jimmy R. McCutcheon*  Agent  Addressee

B. Received by (Printed Name) *Jimmy R. McCutcheon* C. Date of Delivery *9-22-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Postage	\$ <i>.61</i>
Certified Fee	<i>2.80</i>
Return Receipt Fee (Endorsement Required)	<i>2.30</i>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>5.71</i>

Jimmy R. McCutcheon  
1503 Parker Drive  
Odessa, TX 79761-1540

1. Article Addressed to:

Jimmy R. McCutcheon  
1503 Parker Drive  
Odessa, TX 79761-1540

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label) 7006 0100 0005 0626 1389

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

9161 9290 5000 0001 7006

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 2.51

Lynn Barker  
 10915 Huston St #112  
 North Hollywood, CA

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lynn Barker  
 10915 Huston St #112  
 North Hollywood, CA 91601

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Lynn Barker*

B. Received by (Printed Name) *Lynn Barker*

C. Date of Delivery *9/23/10*

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1396

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 2.51

Ocotillo Production LLC  
 1705 W Washington Ave  
 Artesia, NM 88210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ocotillo Production LLC  
 1705 W Washington Ave  
 Artesia, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Randy G. Patterson*

B. Received by (Printed Name) *Randy G. Patterson*

C. Date of Delivery *9-23-10*

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1402

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required) 2.51  
 Total Postage & Fees \$ 5.71

Marshall & Winston Inc  
 PO Box 50880  
 Midland, TX 79710-0880

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Marshall & Winston Inc  
 PO Box 50880  
 Midland, TX 79710-0880

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee  
*Jason Hays*

B. Received by (Printed Name) *Jason Hays*

C. Date of Delivery *9-23-10*

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1419

7006 0100 0005 0626 1426

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Pitch Energy Corporation  
P.O. Box 304  
Artesia, NM 88210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Pitch Energy Corporation  
P.O. Box 304  
Artesia, NM 88210

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Kanda Robins*

B. Received by (Printed Name) *Kanda Robins* C. Date of Delivery  
 SEP 22 2010

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1426  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1433

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 4.1
Certified Fee	2.50
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Costaplenty Energy Corp  
PO Box 1182  
Artesia, NM 88211-1182

- so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Costaplenty Energy Corp.  
PO Box 1182  
Artesia, NM 88211-1182

B. Received by (Printed Name) *Kanda Robins* C. Date of Delivery  
 SEP 22 2010

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1433  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1440

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Sabine Royalty Trust Bank of  
America NA  
Escrow Agent-Sabine Royalty  
Dallas, TX 75284-0887

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Sabine Royalty Trust Bank of  
America NA  
Escrow Agent-Sabine Royalty Tr.  
Dallas, TX 75284-0887

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *OTRS*

B. Received by (Printed Name) C. Date of Delivery  
 SEP 22 2010

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1440  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1457

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Hugh Burch  
3315 NW 63<sup>rd</sup>  
Oklahoma City, OK

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hugh Burch  
3315 NW 63<sup>rd</sup>  
Oklahoma City, OK 73116

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery  
9/23

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICE

Postage	\$ .6
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Trust U W Francisca S Winston  
c/o Meristem  
Attn: L. Karls  
601 Carlson PKWY  
Minnetonka, NM 5

2. Article Number 7006 0100 0005 0626 1464

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Trust U W Francisca S Winston  
c/o Meristem  
Attn: L. Karls  
601 Carlson PKWY Ste 800  
Minnetonka, NM 55305

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X**  Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery  
CERRY KEIZENBERG

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website

OFFICE

Postage	\$ .6
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

CQWE LLC Bob Acree  
PO Box 241826  
Anchorage, AK 99524

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1464

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CQWE LLC Bob Acree Manager  
PO Box 241826  
Anchorage, AK 99524

**COMPLETE THIS SECTION ON DELIVERY**

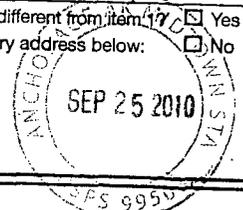
A. Signature  
**X**  Agent  
 Addressee

B. Received by (Printed Name)  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 1471

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1471

7006 0100 0005 0626 1488

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) K 5.71

Total Postage & Fees \$ 5.71

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Downer Family Trust  
Selma Downer-TTEE  
21948 Marjoram Ct  
Santa Clarita, CA 91350

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Cary Severn*  Agent  Addressee

B. Received by (Printed Name) *CARY SEVERN* C. Date of Delivery *9/23/10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1488

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1495

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.71

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Long Minerals Trust U/T/A 6/4/08  
4189 Bellaire Blvd Ste 202  
Houston, TX 77025-1045

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *F. Bellung*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1495

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1501

U.S. Postal Service™  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance)

For delivery information visit our website

OFFICIAL

Postage \$ .61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) π

Total Postage & Fees \$ 5.71

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna Finch Adams  
PO Box 1025  
Dennison, TX 75021

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Donna Finch Adams*  Agent  Addressee

B. Received by (Printed Name) *DONNA FINCH ADAMS* C. Date of Delivery

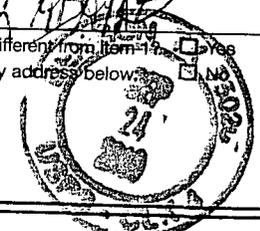
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1501

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

To Gary Laird Finch Jr.  
 PO Box 12  
 Stowell, TX 77661

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary Laird Finch Jr.  
 PO Box 12  
 Stowell, TX 77661

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Myrna Finch*  
 B. Received by (Printed Name) *Myrna Finch* C. Date of Delivery *9-23-10*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 2133

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

Juliette Rathbone Finch Family  
 Trust Johnny Walker Finch Trust  
 PO Box 2395  
 Kerrville, TX 78029-2395

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Juliette Rathbone Finch Family  
 Trust Johnny Walker Finch Trustee  
 PO Box 2395  
 Kerrville, TX 78029-2395

A. Signature  Agent  Addressee  
*x Johnny Finch*  
 B. Received by (Printed Name) *Johnny Finch* C. Date of Delivery *9-22-10*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

SEP 22 2010

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

Dexter Family Trust  
 3/31/2009 Robert & Hadiya  
 Dexter Trustees  
 9262 Irongate Lane  
 San Diego, CA 92126

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dexter Family Trust DTD  
 3/31/2009 Robert & Hadiya  
 Dexter Trustees  
 9262 Irongate Lane  
 San Diego, CA 92126

A. Signature  Agent  Addressee  
*x Hadiya Dexter*  
 B. Received by (Printed Name) *Hadiya Dexter* C. Date of Delivery *9/23/10*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1532

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 2133

7006 0100 0005 0626 1525

7006 0100 0005 0626 1532

7006 0100 0005 0626 1549

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Minerals Management Service  
PO Box 5810 TA  
Denver, CO 80217-5810

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
**X Beau C. Conkel**
- B. Received by (Printed Name)  Agent for MMS<sup>2</sup>  
**Agent for MMS<sup>2</sup>**
- C. Date of Delivery  
**Date: 9-22-16**
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No
3. Service Type  
 Certified Mail  Express Mail<sup>®</sup>  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7006 0100 0005 0626 1549

7006 0100 0005 0626 1556

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Selma E Andrews Trust F/B/O  
Peggy Barrett  
Bank of America NA TTEE  
PO Box 840738  
Dallas, TX 75284-0738

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
**X [Signature]**
- B. Received by (Printed Name)
- C. Date of Delivery  
**SEP 23 2016**
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7006 0100 0005 0626 1556

7006 0100 0005 0626 1563

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	5.71

- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Selma E Andrews Perpetual  
Charitable Trust  
Bank of America NA TTEE  
PO Box 840738  
Dallas, TX 75284-0738

- B. Received by (Printed Name)  Addressee  
**SEP 23 2016**
- C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1563

7006 0100 0005 0626 1570

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

D V LoFlin Jr.  
PO Box 4987  
Monroe, LA 71211

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

D V LoFlin Jr.  
PO Box 4987  
Monroe, LA 71211

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *D V LoFlin Jr.*  Agent  Addressee

B. Received by (Printed Name) *D V LOFLIN JR* C. Date of Delivery *SEP 23 2010*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1570**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1587

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

John Neal Lofline  
162 Cottonwood  
Uvalde, TX 78801

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Neal Lofline  
162 Cottonwood  
Uvalde, TX 78801

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *John Neal Lofline*  Agent  Addressee

B. Received by (Printed Name) *John Neal Lofline* C. Date of Delivery *9-23-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1587**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 1594

U.S. Postal Service  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

James Rankin  
230 Taglewood LN  
Levelland, TX 79336-6

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Rankin  
230 Taglewood LN  
Levelland, TX 79336-6612

B. Received by (Printed Name) *JAMES S. RANKIN* C. Date of Delivery

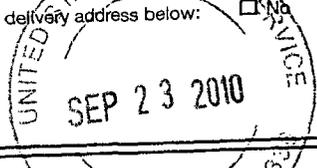
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1594**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



5591 9290 5000 0070 9006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage \$ 0.61  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)

Mary K Rankin Elliott  
104 Wood circle  
Levelland, TX 79336

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Mary K Rankin Elliott  
104 Wood circle  
Levelland, TX 79336

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X David D Elliott  
 B. Received by (Printed Name) C. Date of Delivery  
 DAVID ELLIOTT 9-22-10  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1655

2991 9290 5000 0070 9006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance)

For delivery information, visit our website

OFFICIAL

Postage \$ 0.61  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)

Robert R Purcell Family  
Darby C Ritter Trustee  
2012 East 26<sup>th</sup> Street  
Lawrence, KS 66046

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Robert R Purcell Family Trust  
Darby C Ritter Trustee  
2012 East 26<sup>th</sup> Street  
Lawrence, KS 66046

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X [Signature]  
 B. Received by (Printed Name) C. Date of Delivery  
 MARY KREUZ 10-15-10  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1662

6291 9290 5000 0070 9006

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information, visit our website

Postage \$ 0.61  
Certified Fee 2.80  
Return Receipt Fee (Endorsement Required) 2.30  
Restricted Delivery Fee (Endorsement Required)

Rosemary Leforce  
715 Spring Lane  
Bristow, OK 74010

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Rosemary Leforce  
715 Spring Lane  
Bristow, OK 74010

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Rosemary Leforce  
 B. Received by (Printed Name) C. Date of Delivery  
 Rosemary Leforce 9/22/10  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1679

7006 0100 0005 0626 1686

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage)

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 *Judy Addis*  Agent  Addressee

B. Received by (Printed Name)  
*JUDY ADDIS*

C. Date of Delivery  
*9/23/10*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Postage \$ *.61*

Certified Fee *2.80*

Return Receipt Fee (Endorsement Required) *2.30*

Restricted Delivery Fee (Endorsement Required) *5.71*

1. Article Addressed to:

Frank W Addis  
 97304 E Alhambra Rd  
 Kennewick, WA 99337-8800

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1686**

U.S. Postal Service™  
**CERTIFIED MAIL™**  
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PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

For delivery information visit our website at [www.usps.com](http://www.usps.com)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  
 *Connie Alexander*  Agent  Addressee

B. Received by (Printed Name)  
*CONNIE ALEXANDER*

C. Date of Delivery  
*9-23-10*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

Postage \$ *.61*

Certified Fee *2.80*

Return Receipt Fee (Endorsement Required) *2.30*

Restricted Delivery Fee (Endorsement Required) *5.71*

1. Article Addressed to:

Connie Alexander  
 8716 Warner Rd  
 Kernersville, NC 27284

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 1693**

U.S. Postal Service™  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage \$ *.61*

Certified Fee *2.80*

Return Receipt Fee (Endorsement Required) *2.30*

Restricted Delivery Fee (Endorsement Required) *5.71*

Postmark Here

Roy C Andrews  
 C/O J P Andrews  
 3113 79<sup>th</sup> St.  
 Lubbock, TX 79423-1823

*Returned*

7006 0100 0005 0626 1709

7006 0100 0005 0626 1723

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
K71	

Peggy Fallon Ashenbrenner  
401 E 8<sup>th</sup> St Ste 214-348  
Souix Falls, SD 57103

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Peggy Fallon Ashenbrenner  
401 E 8<sup>th</sup> St Ste 214-348  
Souix Falls, SD 57103

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Christina Zrelack*  Agent  Addressee

B. Received by (Printed Name)  
Christina Zrelack

C. Date of Delivery  
9/22/10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

7006 0100 0005 0626 1723

U.S. Postal Service™  
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
K71	

Betty Jean Banks  
8688 East Easter Place  
Centennial, CO 80112-18

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Betty Jean Banks  
8688 East Easter Place  
Centennial, CO 80112-1856

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Betty Banks*  Agent  Addressee

B. Received by (Printed Name)  
Betty Banks

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 1723

7006 0100 0005 0626 1730

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Braille Institute of America  
Agency Bank of America  
Agent and AIF  
PO Box 840738  
Dallas, TX 75284-0738

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Braille Institute of America,  
Agency Bank of America N A  
Agent and AIF  
PO Box 840738  
Dallas, TX 75284-0738

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *MS*  Agent  Addressee

B. Received by (Printed Name)  
SEP 23 2010

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 1730

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web

**OFFICIAL**

Postage \$ 1.61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.71

Maxine Cole  
1202 N Washington  
Wellington, KS 67152

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maxine Cole  
1202 N Washington  
Wellington, KS 67152

2. Article Number

(Transfer from service label)

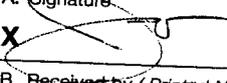
7006 0100 0005 0626 1747

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X   Agent  Addressee

B. Received by (Printed Name) Jane Cole

C. Date of Delivery 9/23/10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service™  
CERTIFIED MAIL™**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web

**OFFICIAL**

Postage \$ 1.61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.71

Robin W Crouse Jr.  
11619 NE 146<sup>th</sup> ST  
Liberty, MO 64068

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robin W Crouse Jr.  
11619 NE 146<sup>th</sup> ST  
Liberty, MO 64068

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1754

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

B. Received by (Printed Name) Shelly Crouse

C. Date of Delivery 9-22-10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

**U.S. Postal Service™  
CERTIFIED MAIL™**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our web

**OFFICIAL**

Postage \$ 1.61

Certified Fee 2.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 6.71

To  
Marion Wier Deford  
6509 Mesa Drive  
Austin, TX 78731

1. Article Addressed to:

Marion Wier Deford  
6509 Mesa Drive  
Austin, TX 78731-2703

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1761

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature X   Agent  Addressee

B. Received by (Printed Name) MARION WIER DEFORD

C. Date of Delivery SEP 23 2010

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 0100 0005 0626 1747

7006 0100 0005 0626 1754

7006 0100 0005 0626 1761

7006 0100 0005 0626 1778

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.71

Virginia J Delhagen  
PO Box 21356  
Mesa, AZ 85277-1356

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Virginia J Delhagen  
PO Box 21356  
Mesa, AZ 85277-1356

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) *V. DELHAGEN*

C. Date of Delivery *9-24-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1778

PS Form 3811, February 2004

7006 0100 0005 0626 1785

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.71

Mr. Edward Dreesen  
PO Box 830  
Palo Cedro, CA 96073

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Mr. Edward Dreesen Jr.  
PO Box 830  
Palo Cedro, CA 96073

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Ingrid Dreesen Powell, TTEE  
for the Betty Kyte Dreesen  
Irrevocable Trust of 12-23-58  
PO Box 1665  
Los Altos, CA 94022

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Ed Dreesen*

B. Received by (Printed Name) *ED DRESSE N*

C. Date of Delivery *9-27-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1792

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 1792

U.S. Postal Service  
**CERTIFIED MAIL**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.71

Ingrid Dreesen Po  
for the Betty Kyte  
Irrevocable Trust  
PO Box 1665  
Los Altos, CA 9

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Ingrid Powell*

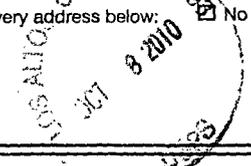
B. Received by (Printed Name) *INGRID POWELL*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 1808

**U.S. Postal Service™**  
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(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71



William Eaton, 87457-132  
20450 N. E. 150<sup>th</sup>  
Luther, OK 73054

See Reverse for Instructions

*Returned*

7006 0100 0005 0626 1815

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71



Doris M. Griffin  
1343 W. Hedding St.  
San Jose, CA 95126-1615

See Reverse for Instructions

*Returned*

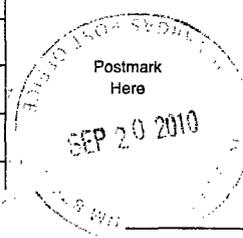
7006 0100 0005 0626 1822

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71



James R. Griffin  
2713 Larkspur  
Antioch, CA 509

See Reverse for Instructions

*Returned*

7006 0100 0005 0626 1859

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Sara S. Jones  
1042 Carlisle Drive  
Allen, TX 75002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Sara S. Jones  
1042 Carlisle Drive  
Allen, TX 75002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Sara S. Jones*  Agent  Addressee

B. Received by (Printed Name) *Sara S. Jones* C. Date of Delivery *9-25*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

7006 0100 0005 0626 1846

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Mrs. Walter Leforce  
116 Main  
Udall, KS 97146

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Mrs. Walter Leforce  
116 Main  
Udall, KS 97146

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Walter Leforce*  Agent  Addressee

B. Received by (Printed Name) *W. Leforce* C. Date of Delivery *9-27-10*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

7006 0100 0005 0626 1852

U.S. Postal Service™  
**CERTIFIED MAIL™ RE**  
(Domestic Mail Only; No Insurance)

For delivery information visit our website

**OFFICIAL**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

James R. Leforce  
225 Southeast 28<sup>th</sup>  
Oklahoma City, OK 73129

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
James R. Leforce  
225 Southeast 28<sup>th</sup>  
Oklahoma City, OK 73129

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *James R. Leforce*  Agent  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1853

7006 0100 0005 0626 1877

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Tot: Judith J Mack  
 Sent 32522 Crete Road  
 Monarch Beach, CA 92629

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Judith J Mack  
 32522 Crete Road  
 Monarch Beach, CA 92629-3619

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Judith J Mack  
 B. Received by (Printed Name) Judith J Mack  
 C. Date of Delivery 9-24-10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise

7006 0100 0005 0626 1877

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Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Richard Lee Mourning  
 2504 Sennett  
 Wichita, KS 67212

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Richard Lee Mourning  
 2504 Sennett  
 Wichita, KS 67212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Richard Mourning  
 B. Received by (Printed Name) RICHARD MOURNING  
 C. Date of Delivery 9-24-10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1877

PS Form 3811, February 2004

7006 0100 0005 0626 1884

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**OFFICIAL**

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Robert Alan Mourning  
 1508 N Stoney Point St  
 Wichita, KS 67212

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Robert Alan Mourning  
 1508 N Stoney Point St  
 Wichita, KS 67212

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X Jean Sams  
 B. Received by (Printed Name) JEAN SAMS  
 C. Date of Delivery 09/22/10  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1884

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .61	DE VARGAS SEP 20 2004 USPS SANTA FE, NM
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		

Roger William Mourning  
 9429 Hardtner  
 Wichita, KS 67212

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .61	DE VARGAS SEP 20 2004 USPS SANTA FE, NM
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		

Ronald Eugene Mourning  
 711 Crestline  
 Wichita, KS 67212

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ronald Eugene Mourning  
 711 Crestline  
 Wichita, KS 67212

2. Article Number  
 (Transfer from service label) 7006 0100 0005 0626 1914

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Ronald E Mourning*  Agent  Addressee

B. Received by (Printed Name) RONALD MOURNING C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .61	DE VARGAS SEP 20 2004 USPS SANTA FE, NM
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		

To  
 Christopher Leslie Mourning  
 1621 W Shady Grove Rd  
 Irving, TX 75060-3771

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

7006 0100 0005 0626 1938

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Sidney Francis Mourning  
PO Box 300882  
Austin, TX 78703

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

7006 0100 0005 0626 1945

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Timothy Mourning  
PO Box 300071  
Austin, TX 78703-0002

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

7006 0100 0005 0626 1952

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Betty Jane Pettigrew  
501 Morningside Dr  
Wellington, KS 67152

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Janis J. McDonald*

B. Received by (Printed Name) *Janis J. McDonald* C. Date of Delivery *9-23-10*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7006 0100 0005 0626 1952

7006 0100 0005 0626 1976

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OFFICIAL

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
To	Cecil Bond Kyte PO Box 30864 Santa Barbara, CA
Sen	
Stree or F	
City	
PS	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cecil Bond Kyte  
PO Box 30864  
Santa Barbara, CA 93105

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1976

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For delivery information visit our website

OFFICIAL

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
To	Ms Ingrid Powell PO Box 416 Los Altos, CA 94022
Sen	
Stree or F	
City	
PS	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms Ingrid Powell  
PO Box 416  
Los Altos, CA 94022

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1983

U.S. Postal Service™  
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For delivery information visit our website

OFFICIAL

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
To	Gary R. Purcell 5213 Jonathan Way - Knoxville, TN 37920
Sen	
Stree or F	
City	
PS	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary R. Purcell  
5213 Jonathan Way -SW  
Knoxville, TN 37920

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9-30-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below: *5313*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2003

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**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Thomas G. Purcell  
 5516 New Hampshire Blvd  
 Louisville, KY 40219

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

7006 0100 0005 0626 2003

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Frank H Purcell Trust  
 PO Box 27286  
 Tempe, AZ 85285-7286

**SENDER'S COPY**

1. Article Addressed to:  
 Frank H Purcell Trust  
 PO Box 27286  
 Tempe, AZ 85285-7286

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2003**

**RECIPIENT'S COPY**

A. Signature  Signature  Agent  Addressee

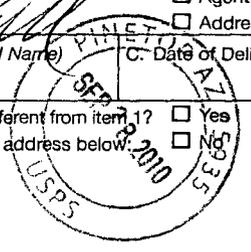
B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



*Returned*

7006 0100 0005 0626 2010

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

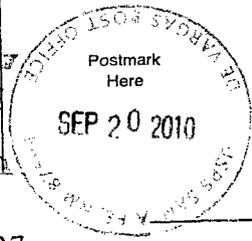
**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

Helen Reed  
 16762 Gazeley, Apt 5127  
 Saugus, CA 91350

PS Form 3800, June 2002 See Reverse for Instructions

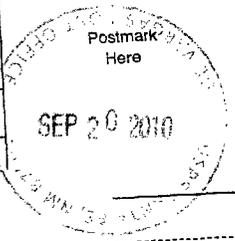


7006 0100 0005 0626 2027

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**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71



Alva P. Sanders  
20450 NE 150 St  
Luther, OK 73054

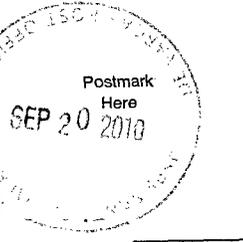
*Returned*

7006 0100 0005 0626 2024

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(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71



Dee Schooling  
1417 E. Sims  
Edmond, OK 73103

*Returned*

7006 0100 0005 0626 2041

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com®

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ann H. Stromberg  
274 San Luis Place  
Claremont, CA 91711

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) *R. Voliti*

C. Date of Delivery *9-22-10*

D. Is delivery address different from item 1?  Yes  
 No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Sent To Ann H. Stromberg  
274 San Luis Place  
Claremont, CA 91711

Article Number (Transfer from service label)

7006 0100 0005 0626 2041



7006 0100 0005 0626 2058  
 7006 0100 0005 0626 2065  
 7006 0100 0005 0626 2072

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**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total	\$ 5.71

Postmark Here

Sent to  
 Street or PO  
 City, State, ZIP+4®  
 PS Form

Hazel Turner  
 521 S. Washington  
 Wichita, KS 67214

*Returned*

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Mary C. Underwood  
 7006 Camino Blanco  
 Las Cruces, NM 88007

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2065**

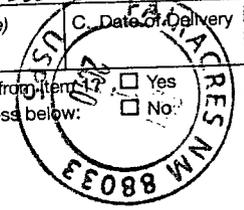
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Mary Underwood*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_



3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Donald R. Wilson  
 4955 County Rd 429  
 Van Alstyne, TX 75495

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2072**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Donald R Wilson*  Agent  Addressee

B. Received by (Printed Name) *Donald R Wilson* C. Date of Delivery *9/24/10*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

*D*

7006 0100 0005 0626 2069

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total	5.71	

Sarah Woolum  
13242 Montano Rd  
Gravois Mills, MO 65037

*Returned*

7006 0100 0005 0626 2096

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .41	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total	5.71	

Betty Lou Mitchell  
6740 Mayview Ct  
Oklahoma City, OK 73159-6527

*Returned*

7006 0100 0005 0626 2102

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .61	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total	5.71	

Trust UW Francisca S  
Winston C/O Meristem  
Attn: L. Karls  
601 Carlson PKWY Ste 800

*Returned*

7006 0100 0005 0626 2126

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insur...)

For delivery information visit our **OFFICE**

Postage \$ .60

Certified Fee 2.50

Return Receipt Fee (Endorsement Required) 2.20

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ 5.50

Welter 1981 Tru  
Ban NA Succ-T  
PO Box 5383  
Denver, CO 80217

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Welter 1981 Trust Wells Fargo  
Ban NA Succ-TTEE  
PO Box 5383  
Denver, CO 80217

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Matthew Wadeau*

B. Received by (Printed Name)  Agent  Addressee  
*Matthew Wadeau*

C. Date of Delivery 9-23-10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2126

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insur...)

For delivery information visit our **OFFICE**

Postage \$ \_\_\_\_\_

Certified Fee \_\_\_\_\_

Return Receipt Fee (Endorsement Required) \_\_\_\_\_

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Norma C Rose  
50 Royal Place Circle  
Odessa, TX 79762

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Norma C Rose  
50 Royal Place Circle  
Odessa, TX 79762

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Norma C Rose*

B. Received by (Printed Name)  Agent  Addressee  
*Norma C Rose*

C. Date of Delivery 9-23-10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2126

PS Form 3800, June 2002

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 1518

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
(Domestic Mail Only; No Insur...)

For delivery information visit our **OFFICE**

Postage \$ \_\_\_\_\_

Certified Fee 2

Return Receipt Fee (Endorsement Required) 2

Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_

Total Postage & Fees \$ 4

Gary Laird Finch  
PO Box 12  
Stowell, TX 77661

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gary Laird Finch Jr.  
PO Box 12  
Stowell, TX 77661

2. Article Number (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Myrna Finch*

B. Received by (Printed Name)  Agent  Addressee  
*Myrna Finch*

C. Date of Delivery 9-23-10

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 1518

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

0100 0005 0626 2140

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Eileen Heard Trustee Robert J  
Heard & Eileen Heard  
10317 Del Rey Drive  
Yuma, AZ 85367

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Eileen Heard Trustee Robert J  
Heard & Eileen Heard TR  
10317 Del Rey Drive  
Yuma, AZ 85367

2. Article Number

7006 0100 0005 0626 2140

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*Eileen Heard*
- B. Received by (Printed Name)  Date of Delivery  
*Eileen Heard*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

0100 0005 0626 2157

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.60
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.70</b>

Vallery Sue Freeman  
1634 Steeple Chase  
Vista, CA 92083

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Vallery Sue Freeman  
1634 Steeple Chase Place  
Vista, CA 92083

2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 2157

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*Vallery Sue Freeman*
- B. Received by (Printed Name)  Date of Delivery  
*Vallery Sue Freeman* 09-22-10
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

0100 0005 0626 2164

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL**

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Dorothy Rountree  
PO Box 6697  
Pine Bluff, AR 7

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dorothy Rountree Smith  
PO Box 6697  
Pine Bluff, AR 71611

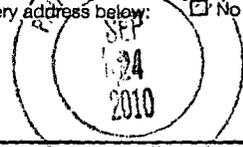
2. Article Number  
(Transfer from service label)

7006 0100 0005 0626 2164

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*Dorothy Rountree Smith*
- B. Received by (Printed Name)  Date of Delivery  
*Dorothy Rountree Smith*
- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature  Agent  
 *[Signature]*  Addressee

B. Received by (Printed Name) C. C. Connor C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

7  
 Connor Family LLC  
 PO Box 1080  
 Artesia, NM 88211-1

1. Article Addressed to:  
 Connor Family LLC  
 PO Box 1080  
 Artesia, NM 88211-1080

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
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For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2171

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.71

- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Addressee

B. Received by (Printed Name) Mike By C. Date of Delivery 9-2-12

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

COG Operating LL  
 550 W. Texas  
 Midland, Texas 79

1. Article Addressed to:  
 COG Operating LLC  
 550 W. Texas  
 Midland, Texas 79701

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 5.71

2. Article Number (Transfer from service label) 7006 0100 0005 0626 2188

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Tandem Energy Corp  
 PO Box 1559  
 Midland, Texas 79702

Postmark Here

*Returned*

Instructions

7006 0100 0005 0626 2218

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Sent to:  
Pioneer Natural Resources USA Inc.  
PO Box 3178  
Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Pioneer Natural Resources USA Inc.  
PO Box 3178  
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]*  Agent  Addressee

B. Received by (Printed Name): *John Lopez Jr.* C. Date of Delivery: *9-23-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7006 0100 0005 0626 2218

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Sent to:  
CBS Operating Corporation  
PO Box 2236  
Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
CBS Operating Corporation  
PO Box 2236  
Midland, Texas 79702

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *PA Redman*  Agent  Addressee

B. Received by (Printed Name): *PA Redman* C. Date of Delivery: *9-23-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2218**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2225

U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.71

Sent to:  
Burnett Oil Co. Inc.  
801 Cherry St. Unit 9  
Fort Worth, Texas 76102

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Burnett Oil Co. Inc.  
801 Cherry St. Unit 9  
Fort Worth, Texas 76102

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *M Berger*  Agent  Addressee

B. Received by (Printed Name): *M Berger* C. Date of Delivery: *9/22*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2225**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0100 0005 0626 2232

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Send Southern Bay Energy LLC  
110 Cypress Station Dr.  
Houston, Texas 77090

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Southern Bay Energy LLC  
110 Cypress Station Dr. #220  
Houston, Texas 77090

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Sweeney* C. Date of Delivery *3-22-10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2232**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 2232

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Send Southwest Royalties, Inc.  
PO Box 11390  
Midland, Texas 79702

Postmark Here

*Returned*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
Lobos Energy Partners  
3817 NW Expressway Suite 950  
Oklahoma City, OK 73112

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X** *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Klangley* C. Date of Delivery *9/22/10*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2256**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0100 0005 0626 2232

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage)

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Send Lobos Energy Partner  
3817 NW Expressway  
Oklahoma City, OK 7

0222 9290 5000 0100 0005 0626 2270

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71

1. Article Addressed to:  
 ConocoPhillips Co.  
 PO Box 50688 51810  
 Midland, Texas 79710

ConocoPhillips Co.  
 PO Box 50688  
 Midland, Texas 79710

**COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, on the front if space permits.

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2270**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X AWORADE**  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **9-23-10**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

0222 9290 5000 0100 0005 0626 2287

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71



Anadarko Production Corp.  
 PO Box 2497  
 Midland, Texas 79702

*Returned*

**SENDER: COMPLETE THIS SECTION**

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

2. Article Addressed to:  
 EOG Resources, Inc.  
 PO Box 2267  
 Midland, Texas 79702

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.71

EOG Resources, Inc.  
 PO Box 2267  
 Midland, Texas 79702

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature **X B-Bell**  Agent  Addressee

B. Received by (Printed Name) **B-Bell** C. Date of Delivery **9/23/10**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7006 0100 0005 0626 2287**

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

Total Postage **Hunt Oil Co.**  
**PO Box 1317**  
**Denver, CO 80201**

Sent To  
 Street, Apt. 1 or PO Box N  
 City, State, Z

PS Form 3800, June 2002 See Reverse for Instructions

*Returned*

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.71

**Bureau of Land Management**  
**620 E. Greene St.**  
**Carlsbad, NM 88220**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Bureau of Land Management  
 620 E. Greene St.  
 Carlsbad, NM 88220

2. Article Number (Transfer from service label) **7006 0100 0005 0626 0597**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Date of Delivery **9/22**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ .61  
 Certified Fee 2.80  
 Return Receipt Fee (Endorsement Required) 2.30  
 Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 5.71

**John R. Gray, LLC**  
**PO Box 1182**  
**Artesia, NM 88211**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 John R. Gray, LLC  
 PO Box 1182  
 Artesia, NM 88211-1182

2. Article Number (Transfer from service label) **7006 0100 0005 0626 0580**

**COMPLETE THIS SECTION ON DELIVERY**

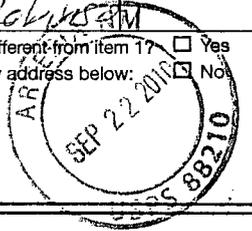
A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name)  Date of Delivery **SEP 22 2010**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



7006 0100 0005 0626 1297

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.50
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Raye Miller  
2308 sierra Vista R  
Artesia, NM 88210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Raye Miller  
2308 sierra Vista Rd  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1297

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Raye Miller*  
 Agent  
 Addressee

B. Received by (Printed Name)  
*MARY K. MILLER*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



0100 0005 0626 1273

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL

Postage	\$ 1.61
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.71</b>

Raye Miller & Dastarac  
2308 Sierra Vista Rd  
Artesia, NM 88210

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Raye Miller & Dastarac Inc.  
2308 Sierra Vista Rd  
Artesia, NM 88210

2. Article Number

(Transfer from service label)

7006 0100 0005 0626 1273

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Raye Miller*  
 Agent  
 Addressee

B. Received by (Printed Name)  
*MARY K. MILLER*

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

